PATENT APPLICATION EE DETERMINATION RECORD Effective October 1, 2003

phication or Docke: Number 10/514408

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		CLAIMS					s	MALL	ENTITY		OTHE	C THAN
h	OTAL CLAIM	(Colun	(Column 1)		(Column 2)		TYPE		OF	SMALL	R THAN . ENTITY	
⊩			ļ					RATE	FEE]	RATE	FEE
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		ASIC FE	E 375	OR	BASIC FE	: :
Ţ	OTAL CHARGE	/7 minus 20=		•		. [XS 9=	1	OR	XS18=	 	
iN	DEPENDENT	CLAIMS .	13 "	ninus 3 =	•	.4		X43=	 	٦٣,		
М	ULTIPLE DEPE	NOENT CLAIM	PRESENT						 	-lob	X86=	
• 1	f the differenc	e in column 1 is	s tes's than z	ero, enter	*0* in (column 2	L.	-145=		OR	-290=	
	• If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	375	JOR	TOTAL	
6	1245)	(Column 1)	AMENUE	MENDED - PART II (Column 2) (Column			S	MALL	ENTITY '	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
NOW	Total	.17	Minus	20)	1/5		KS 9=	rec	OR	X\$18=	FEE
A ME	Independent	1.3	Minus	3		-y		X43= ·		1	X86≈ ·	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash		 	OR		
								145=		OR	.+290≈	
·							ADO	TOTAL		OR ,	TOTAL	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B	9/25/01	REMAINING AFTER AMENDMENT		HIĞHE NUMBI PREVIOL PAID F	ER USLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total .	. 17	Minus .	· · Z	<u> </u>	a / ·	×	S 9=		OR	X\$18=	
AME	Independent	<u>ئ</u>	Minus		3	2	X	43=	_/_	-	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR	V003	
			•				+	145=	_L]	OR.	+290=	
							ADD	TOTAL IT. FEE		OR	TOTAL ODIT. FEE	
		(Column 1)		(Column	າ 2) [.]	(Column 3)			. 1			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ğ	Total	•	Minus	••			X,	9=			X\$15=	- 155
WE	Independent	•	Minus	***		<u> </u>	-			OR	V910=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT.C	LAIM		X	43=		ÖR _	X86=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number" Previously Paid For" IN THIS SPACE is less than 20, enter "20. **OPLIT FEE! **OR +290= **TOTAL OR TOTAL												
· i	he Highest Num	mber Previously Pa ber Previously Paid					ADD'I ni bauol	T. FEE L		in colur	onit eeel	
1014	DYA 424											